

CITY OF ORANGE TOWNSHIP
TAXI OWNER APPLICATION
RENEWAL APPLICANT

NO FEES WILL BE REFUNDED

Name of Applicant: _____
Address: _____
Date of Birth: _____
Soc. Sec. #: _____
Telephone #: _____

DATE: _____
FEE: **\$100.00**
RECEIPT # _____
LICENSE RENEWAL YEAR 20 _____

MONEY ORDER _____ CHECK _____ CASH _____

TO BE COMPLETED BY APPLICANT

Drivers License # (must provide copy)

Business Name

Expiration Date

Business Address

Make of Vehicle/Model

City, State & Zip Code

VIN Number

Business Phone Number

Vehicle Plate Number

Number of persons the vehicle is capable of carrying

Registration expiration date

Do you understand that the acceptance by the City of Orange Township of this application and fee is not to be deemed as a License for Taxi Owner? _____.

I, _____, of full age being duly sworn according to law upon his (or) her oath deposes and says that I am the subscriber in the foregoing that the statements and answers therein contained are true; I am a citizen of the United States and entitled to receive the license applied for.

Signature of Applicant

Date

FOR OFFICE USE ONLY

Email address: _____

Approved By:

Police Department

Date

All Renewal applications received after November 15 must pay penalty fee.